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I.

CLINICAL LECTURE ON THE OPERATION
OF LARYNGOTOMY.

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GENTLEMEN,—At no time does the duty of the surgeon appear more important, than when he comes into the midst of a distressed family, one of whom is in danger of immediate death from suffocation; for the suddenness of the attack, the agony of the sufferer, and the real danger to life, are apt to agitate him at a time when he must be calm, decided, and dexterous. Before I read the case to you, I shall put certain preparations into your hands, to which I must refer in explanation.

[The lecturer here handed round the preparations, showing the natural structure of the larynx, and gave a short description of the anatomy of this part. He then drew attention to the peculiar sensibility residing in the glottis.]

This sensibility of the glottis calls into action the whole class of respiratory muscles. It is placed here for the purpose of guarding the entrance of the lungs; and if the smallest husk, or crumb of bread, alight upon this part, there is an immediate spasm, extending through all these muscles,

to expel the foreign body. But just in the same manner that this extensive class is roused into action, those little muscles which move the arytenoid cartilages and the chordæ vocales, contract spasmodically. Whenever anything foreign touches the highly-irritable spot in the glottis, these muscles shut up the narrow slit of the rima glottidis, and cause the sensation of suffocation. In such a case, therefore, as the present, when a foreign body is lodged in the windpipe, we have to observe that there is, at first, a sudden spasm, or fit of suffocation: after a time, this painful struggle relaxes; but it returns, and this return of the difficult breathing marks that the obstruction is spasmodic, and not mechanical.

In the course of the attack, these fits recur at shorter intervals,—they become more frequent, though apparently less violent; and you will observe how they are attended with flushing and turgescence of the face, with a bloodshot eye, great anxiety and struggling. But by-and-by a change takes place,—there is now no struggle, nor any effort to avoid suffocation,—there is no longer that animated and terrified look; but, on the contrary, the patient lies still; instead of the suffused face, his cheek is pale and cold, and his hand feels clammy. Had the obstruction been altogether

mechanical, the effects would be uniform; but being, as I have said, spasmodic, there is a deceptive appearance of improvement from diminished irritability. Seeing this change in his condition, his attendants think that he is relieved, and in the way of doing well; when, in truth, his case is desperate. These new symptoms arise from effusion taking place in the lungs. The difficulty experienced of drawing the breath through the narrow glottis, and the violent mechanical play of the lungs, bring on effusion into the extremities of the bronchiæ, or into the common cellular texture of the lungs; and of this, the pale leucophlegmatic countenance is the sign.

Thus, when the patient dies, the immediate cause of death is the state of the lungs; the remote cause is the spasm in the glottis. The inference which you are to draw from this is, that if you do not decide at the first what is to be done, but defer operating, there is danger of being too late: you may perform the operation, and remove the foreign body, but the patient will die from the effusion into the lungs.

Case of Foreign Body in the Trachea.

Sept. 1st.—Mary Waters, æt. 9, was admitted into the hospital at nine o'clock this morning, with symptoms of suffocation. The report given by the friends was, that yesterday afternoon, being in school, and eating a plum, the child laughed, and was reprimanded by the mistress, who gave her at the same time a slight tap on the cheek: at that moment the child was sensible that the plum-stone had got into her throat. She was immediately seized with a

difficulty of breathing, which has continued, with occasional severe attacks, ever since. A probang was passed into the œsophagus, and an emetic was given to her, before she came into the hospital.

It was evident that she required immediate relief. Mr. Bell said that he slipped, unobserved, to her bedside, so as not to disturb or frighten her, for the purpose of examining her manner of breathing. She lay with her head raised high; she was restless, shifting her position, and tossing her arms; her chest rose high, and her nostrils were dilated; the sound of her breathing was hissing, husky, and impeded,—it was in sudden gasps.

Having collected what tubes, probes and forceps were likely to be of use, the child was laid on pillows, placed on the table so that her position was inclined, not horizontal. This was done for two reasons,—because a person breathes with difficulty in the horizontal posture; and, because it permits the blood in the wound to flow outwards.

An incision was made through the integuments an inch and a half in length, the centre being opposite to the cricoid cartilage. The thyroid and guttural veins were seen turgid: it was not possible to avoid them, and they bled freely. Continuing the dissection on the forepart of the trachea, a small artery, the thyroidea anastomotica, was divided, and the wound bled considerably, so that the incision into the larynx was delayed a few minutes. The point of the scalpel was then thrust into the membranous space between the cricoid and thyroid cartilages. The child did not appear

at all relieved, or only in a very slight degree, by this opening.

"My disappointment was now considerable. When I had done this operation before, the relief was immediate : no sooner had the point of the knife penetrated the membrane, than the harsh sawing sound of the voice ceased, and the air came *siffling* through the wound ; and when the end of the scalpel was used to hold apart the sides of the slit, and a quantity of mucus was discharged, the breathing was composed and easy."

The probe was passed upwards through the glottis into the pharynx, but nothing foreign was found interrupting the passage. The probe was then passed from the wound in the larynx down into the trachea, with every precaution, lest the foreign body might be thrust downwards by it ; but nothing was to be discovered there. At this time the breathing was worse; the child's color was darker, and a degree of insensibility prevailed. A portion of a large gum catheter was passed down into the trachea, and retained there, and the child's face and neck were bathed with cold water. The breathing became sensibly easier, and the freshness of color returned to the cheeks and lips. The tube being withdrawn, further attempts were made to discover the stone, but without avail. Mr. Bell at this time thought of putting the child to bed, but, resolved to leave nothing undone, he explored the passage once more. He felt the pharynx with his finger introduced into the mouth. He then passed the catheter by the wound through the chink of the glottis, and examined the sacculi laryngis ; he then sounded deep into the trachea ; and now he thought he could feel a

roughness more than belonged to the cartilages. He therefore enlarged the incision downwards, and having bent the end of a probe so as to make a little hook, he passed it down into the trachea : by means of this, he succeeded in catching the edge of the stone, and brought it to be visible in the wound ; then, with the small dressing forceps, he extracted it. It was half of the stone of a plum, and it had lain with its rough convex surface towards the concavity of the tube.

Immediately after the stone was withdrawn, the child opened its eyes and looked about, apparently with the conviction that the thing was accomplished. Nothing could be more striking, during the whole of the operation, than that a child so young should have so perfect a notion of the necessity of something being done for its relief, and that it should remain so submissive.

The wound was dressed superficially, and the child was put to bed, breathing freely,—to the great delight of those present, for it had been abundantly apparent that it was an affair of life or death.

Evening.—The child is perfectly quiet, and has slept a great deal.

Sept. 2d.—She is remarkably well ; she speaks low, and complains of hunger. She breathes at present with perfect ease, and has done so ever since the operation. Leeches have been applied to the neck, and she has had some laxative medicine.

Sept. 12th.—The child is running about, and is quite well ; but the wound is still open, and the granulations projecting. The zinc lotion is ordered, with compression by adhesive strapping.

Sept. 22d.—The wound is healed. Mr. Bell said that the father,

with the child in his arms, came running after him as he left the hospital, to return thanks. When he said to the father, "I am distressed that the child has not recovered its voice," he replied, "It was only her shyness; she speaks as well as ever she did in her life."

It is first to be remarked, gentlemen, that in this, as in former operations, it was the surprise of every one how deep the trachea and larynx lay in the wound. It is this which makes the operation difficult; the more so, that from dissecting the dead body, you are not led to expect it.

It is said in this case that I passed the probe upwards. The reason of doing this is, that foreign bodies are apt to be caught in the chink of the glottis, and it is necessary to push them up into the pharynx. But, indeed, I ought to have considered that in such a case the symptoms are more severe than those exhibited in the present. I passed the probe downwards in the absolute certainty of finding the foreign body there. I shall here show you how the surgeon may make a fatal error. A child was brought into the hospital some years ago in a state of suffocation, as it was said, from having drawn a pebble into his windpipe. The house-surgeon, seeing there was no time for delay, made an incision between the thyroid and cricoid cartilages, and he then passed a probe from this part up into the throat. Thinking he could do no more, he desisted. The child died; and on examining the part, it was found, on slitting up the trachea, that the stone was impacted not a quarter of an inch below the

incision. If he had turned his probe down, he would have touched the stone, and the child would have lived.

A case lately occurred in Dublin to a surgeon whose reputation has extended so as to make him well known to us here, which was attended with some curious circumstances.—A boy had rubbed down a plum-stone in its centre, so as to open its cavity, and make a whistle of it. While practising upon this whistle, it suddenly slipped into his windpipe. He could breathe, notwithstanding, without much difficulty, although he had occasional paroxysms of suffocation. Several days had elapsed before he presented himself at the hospital. To satisfy those around him that the stone was still in his windpipe, the boy began to whistle, of his own accord, upon his instrument. Without puckering his lips at all, he could produce a very clear whistle by merely throwing out the breath from his chest. With this evidence, the surgeon made an incision into the trachea; and when he had pushed a catheter through the chink of the glottis into the mouth, the boy called out that he felt the stone, and had swallowed it. Three days afterwards, however, he was again heard whistling as before. The breathing had continued impeded; and it was found, also, by the use of the stethoscope and percussion on the chest, that the lungs on one side did not expand in breathing. It was inferred that the foreign body was probably still lodged in the trachea, and that it might be covering one of the divisions of the bronchial tubes. The incision in the trachea was therefore enlarged a

little downwards, and the stone was expelled shortly afterwards during a fit of coughing.

In illustration of this fact, that a foreign body may be expelled by coughing, you will find some very interesting experiments performed upon dogs by M. Favier, as quoted by Sabbatier. He popped a foreign body into the glottis at the moment of inspiration. The animal was immediately convulsed, and it was thought he must have died, but he became so quiet that they deferred the further part of their operation for six hours. They then opened the trachea by dividing three of the cartilages, when the body was immediately forced out. The experiment was ten times repeated with a nail, a ball of lead, &c.; and although these were pushed deep with instruments, the body was cast out the moment that the incision was made. These experiments were performed to oppose the opinion which declared the operation of bronchotomy to be precarious, from the difficulty of discovering the body.

The most important part of a clinical lecture, gentlemen, is the confessions of the surgeon. I ought in this case to have determined in my own mind where the foreign body lay, for you will observe that the symptoms are different according as the body lies in the grasp of the glottis or the trachea. I might have known that if it had been in the sacculus laryngis, for example, the symptoms would have been more violent, and the danger more pressing.

In the case operated upon by the house-surgeon, the mother came running in with the child in

her arms, just after the pebble was swallowed, and in twenty minutes the child was dead. In the present instance the stone lodged lower down, and the child you have seen survived during the night. But do not delay performing the operation after you have ascertained that a foreign body is in the windpipe, because the child may be suffocated in the instant by the body rising from the depth of the windpipe, and being caught in the glottis. Thus a child, after drawing a cherry-stone into its windpipe, was nearly choked, but suddenly got relief; and some time after, while playing on the carpet, it was seized with another fit of suffocation, and died. The cherry-stone was found in the sacculus laryngis; and there can be no doubt that in the period between the two attacks, the cherry-stone had lodged deep in the windpipe, but that during the gambols of the child it had fallen forwards into the larynx.

In Pelletan's Clinique Chirurgicale, you will see a case where a surgeon performed bronchotomy on a child, and extracted a bean. The weakness of the child after the operation was such that they believed him dead; but he recovered, called on his parents, and cried to have his playthings, and yet this boy died in fourteen hours. Another boy had the operation performed, and died in consequence. The expression is strong, — "*le coup mortel etait porté*;" although he lived for two months. Now the fatal termination in these cases was attributed to a gorging of the brain; and there is no doubt that a long-continued struggle for breath affects the circulation in the head in a very remarkable

manner. But it affects the lungs more directly and more violently. When a person dies from suffocation, owing to some disease of the throat, the lungs do not freely collapse on examining the body. Here, then, there is a proof that they have suffered, and to this danger I call your attention particularly. But let us in future be alive to the observation of Pelletan, of what takes place in the brain.

For some time after this operation I was very anxious for the child's life, and I shall state the reason of this anxiety. A woman was brought into the hospital, who, in her phrenzy, had plunged a penknife into her throat. It pierced the upper part of the thyroid cartilage, and entered at the union of the *cordæ vocales*. She was suffocated, at the end of some months, by the granulations which filled up the passage of the glottis. Another young woman, attempting to destroy herself, drew a penknife down the forepart of her throat,—not in the vulgar way of cutting it across. She thrust the knife into the trachea, and divided five rings of the tube. She survived the first effects, but was suffocated by the retraction of the cut edges of the cartilages, and the swelling of the inner membrane, which thereby diminished the capacity of the tube. You see, therefore, the source of my anxiety. When we saw the granulations spring out from this wound, it was natural to apprehend that such granulations might also sprout inwards. With regard to the possibility of the divided cartilages retracting, the manner in which I operated might possibly prevent this; for you will observe that my first in-

cision was made through the membranous space between the thyroid and cricoid cartilages; and when I enlarged it, I cut through the cricoid cartilage. Now you mark the peculiarity of this cartilage,—that it is a complete circle, and that, when divided, its edges will resume their place, being supported by the continuity of the hoop on the back part. The cartilages below, that is, the cartilages of the trachea, are not complete hoops, or rings; and therefore, when divided into two lateral portions, they may be displaced and retracted more easily. However, I must not omit saying that the windpipe has been divided with this perpendicular incision, without being followed with the consequences which I have apprehended, and which I have myself witnessed. I have recommended to my young friends to make experiments to illustrate this subject.

The last observation I shall make is less practical; but still it is very curious in a physiological point of view. When the probe was passed upwards, the child coughed and expressed uneasiness, which showed that the chink, and the parts above the chink of the glottis, were much more sensible than where we were operating.

It was also remarked that, although no sensibility was evinced on putting the probe downwards into the trachea, yet, when it was passed so far within the tube as to touch the bifurcation, coughing and indications of superior sensibility were produced,—as in touching the larynx.

[The operation of Laryngotomy is becoming more and more common

and successful, since the profession have been persuaded that it is necessarily attended with much less hazard than was formerly supposed. In all extreme cases it is, in fact, expected of the medical attendant that he will give his patient the chance of relief afforded by it;—we would recommend, therefore, to the particular notice of our readers, the foregoing Lecture from one of the most distinguished Surgeons of the age.]

II.

GANGRENOUS EROSION OF THE FACE.

MR. EDITOR,
DEAR SIR,—I take the liberty of sending you for publication in the Boston Medical and Surgical Journal, the history of a case of Gangrenous Erosion of the Face, which has recently come under my care,—it being one which seldom occurs, and upon which authors have not been very explicit. In fact, I have met with no accurate description of the disease in any standard work. In some of our medical journals, cases have been described very similar in their appearance, but most of them have ensued upon the exhibition of mercury.

In the No. of the American Journal of the Medical Sciences for November, 1829, four cases are given by Dr. Samuel Webber, of Charlestown, N. H., the last of which is almost a precise history of the one which I have recently been called to witness. I regret that Dr. W. did not state whether or not his patient (a little girl ten years old) had taken any preparation of mercury during the typhoid state. A number of cases of a similar

character have occurred in this city within a few years, but so far as I have been able to ascertain, mercury had been previously administered.

It is important to collect as many facts in relation to this disease as possible: it is therefore desirable that those who may have an opportunity of witnessing its symptoms, should communicate such information as they possess, that the disease may be properly classed and accurately defined. For myself, I am at a loss whether to consider it an idiopathic or symptomatic disease. Some circumstances in the case which came under my care, incline me to the former opinion, and to view it as a disease *sui generis*,—viz., it commenced after the typhoid symptoms had entirely subsided, during a state of convalescence, after the child had recovered its appetite, and in a measure its strength; at a time when aphthous affections are not expected, and seldom or never occur. The disease, too, both in my patient and that of Dr. Webber, took a marked and definite course, viz., one half of the face, as high up as the eye. In the lips, it is true that it somewhat exceeded its bounds; but in those soft parts it could not be otherwise, as a disease of this description could not accurately divide them, as with a knife. The gangrene pursued the same course in both Dr. W.'s patient and mine, and was confined to the same parts. Is it therefore unreasonable to suppose that, like Hemiplegia and Hemicrania, it was governed by some prescribed, though inscrutable law of the animal economy, and that the "gangrenous erosion of the face" is a distinct and idiopathic disease?

After writing thus far, I was accidentally informed that the case described by Dr. Webber occurred in a very interesting child, the daughter of a respectable merchant of this city. The father, by my request, wrote to Dr. W. to ascertain whether mercury had been given in the case referred to, or not. Dr. W., in answer to the inquiry, says that he cannot speak with certainty about particulars which had nothing remarkable at the time to impress them on his mind,—that most probably some calomel was administered at the commencement of the fever as a cathartic, this being his usual custom,—and that very possibly calomel might have been subsequently given, in very minute portions, combined with Dover's powder; but not in sufficient quantities, as I infer from his letter, to produce any constitutional effect. He is even doubtful whether calomel was given at all. He further states "that the disease has been known to attack and prove fatal where no calomel, or other preparation of mercury, had been used; and in otherwise favorable states of the constitution, to have amended under the use of it, and seemingly in consequence thereof."

My little patient took but five grains of calomel, combined with an equal quantity of jalap in powder, and this more than four weeks before her death, and nearly three weeks previous to the first appearance of the disease of which she died.

Dr. Webber, in giving a history of his patient's case, has so accurately described that of mine, that I cannot do better than to request

you to copy it verbatim. The variation in regard to treatment was trifling and unimportant. His patient was a little girl of ten years old,—mine was a little girl of four years old. His patient was affected on the left side of the face,—mine on the right. His patient had a troublesome diarrhœa,—mine had not. The teeth of my patient, on the affected side, either fell out, or were all loosened;—he makes no mention of this circumstance, and I am told by the father of the child that it did not take place. Both cases ensued upon typhus; both lived about an equal number of days from the commencement of the local affection; and both "died completely exhausted."

You will, my dear Sir, by reading Dr. Webber's description of his case, and keeping in mind the above circumstances, have a complete and accurate history of the one which I have recently attended.

Yours, very respectfully,
JOHN B. BROWN.

The following is the case referred to by Dr. Brown.

"This happened in September, 1828, in a little girl ten years old. It ensued upon typhus, in which diarrhœa had been a troublesome symptom. About the fourteenth day, when the fever was apparently beginning to abate, she complained of a feeling of soreness and pain in the left cheek, not far from the angle of the mouth. The part was slightly swollen, somewhat hard and reddish, like the commencement of a boil. Volatile liniment with laudanum was applied, and the redness disappeared, though the

swelling continued, being however less hard and rather more diffuse. A day or two after, some aphthæ appeared in the mouth and fauces, for which a gargle of diluted muriatic acid was employed. She complained, however, of the cheek's being hotter and sorer, and the swelling had evidently increased. On the inside of the cheek it protruded in a ridge between the teeth. Lead water was used externally as a constant application, in addition to the occasional use of the liniment above mentioned, and the inside of the mouth was frequently touched with honey acidulated with muriatic acid; small quantities of wine were given, and one-fourth of a grain of sulphate of quinine thrice a day; also small doses of Dover's powder to regulate the bowels, still rather too loose, and to procure sufficient rest. The cheek nevertheless continued to swell, and the breath became very fœtid with the odor before mentioned. The aphthæ nearly disappeared in a day or two, but upon the most prominent part of the internal swelling of the cheek was a kind of flabby pustule or blister, seemingly beneath the whole thickness of the internal integument, which over the swelling was opaque, and of a dirty white color. This broke the same evening, discharging a small quantity of fœtid fluid, and leaving a sloughing appearance of its membranous covering. It was repeatedly touched, during the night and the following day, with a strong preparation of muriatic acid and honey, sufficiently caustic to corrugate the sloughing membrane, and make it settle down below the level of the surrounding parts. This it was hoped would put a check to the diseased action, and cause the slough to separate. Notwithstanding, it continued to increase during the subsequent night, and on the next morning had nearly reached the angle of the mouth, which looked dusky, cracked, and approaching to gangrene. An eminent practitioner from a distance met me in consultation this morning, and advised carrot and fermenting poultices with charcoal over the teeth, a small blister externally across the angle of the mouth, and one on the inside of the cheek, of a size sufficient to cover the slough and the surrounding sound edges, while the internal remedies were continued in increased doses. The disease however proceeded with redoubled rapidity. Gangrene in undisguised blackness passed in a few hours across the external blister, and at the same time came through the cheek opposite to the point on the inside first attacked. In spite of the assiduous application of fermenting poultices with charcoal, these spots spread so as to coalesce in the course of the night, and by next morning to involve most of the unattacked portion of the cheek. The case was now deemed hopeless, and dissolution was soon expected. The fœtor being excessive, with a view to lessen it, the part was covered with a cloth wet with a solution of chloride of lime (bleaching powder). This also lessened the rapid spreading of the gangrene so much, that for hours it seemed almost entirely stationary, but did not become wholly so, though it went forward very slowly, till it had covered the whole of the swelling existing at the time of its commencement, reaching almost to the lower eyelid, over the membranous part of the nose on the same side, the septum, two-thirds of the lips, and half of the chin,

including all the cheek to below the under edge of the lower jaw, and backwards nearly to the ear.

"The parts were completely sphacelated, and had nearly separated, when, at the expiration of

twelve days from the first appearance of the danger, the little patient died, completely exhausted.

All the peculiar symptoms of the fever had subsided long before her death."

SKETCHES OF PERIODICAL LITERATURE.

AMELIORATION OF CLIMATE.

IN the course of some remarks on the climate of the 40th degree, north latitude, published by Dr. Sexton, of Baltimore, in the American Journal, are some valuable data on the comparative character of the seasons in this country at different periods during the last century. The three most remarkable changes during this period, according to Dr. S., are the following:—1st. The winds have become more variable. 2. Those from the western quarters have diminished in number. 3. Snow and ice are formed in less quantities, and are less durable, and the temperature of the winters has increased. The first two of these facts is proved by various records and incidental memoranda in the history of the country. The Swedish Professor Kalm, who travelled in North America in 1748 and 1749, kept a register of the winds at Philadelphia, and a few miles to the southward of that city. From this, it appears that the variation of the wind was sometimes limited by three or four points of the compass, for six or seven days in succession; and in some tabular observations of Bartram appended to Kalm's work, the wind is several times marked as blowing in the same

direction for six days, and in one instance, in the month of June, for eleven. The change which has taken place in this respect may be judged of from the fact, that in late tables we may examine the records of five years in succession, without meeting with an instance in which a current from any eighth part of the compass has existed for more than five days together.

It is mentioned by Jefferson, in his Notes on Virginia, that the east and south-east breezes had, in 1782, very sensibly advanced into the interior of the country, within the memory of persons then living. But more accurate information on this point may be gained from the valuable observations of the traveller already referred to. In ten months between August, 1748, and June, 1749, Prof. Kalm recorded four hundred and seventeen observations on the course of the wind. Of these, forty-six are marked as north and south. Of the remaining number, three-fourths are winds from the western semicircle, and but one-fourth, or ninety-eight, from the eastern. At the present time, Dr. S. remarks that the number of easterly and westerly winds, during a year, is nearly equal.

The existing testimony in regard to the increasing mildness of winter during the period referred to, is not less conclusive. For many years from the discovery of this country, the annual season during which the earth was partly or wholly covered with snow, in the latitude of 40 deg., was three or four months. Forty or fifty years since, the usual depth of snow during the winter was estimated by Rush at from six to nine inches, occasionally increased to two and three feet. In the year 1740, the Delaware was crossed with sleighs at Philadelphia, on the 16th of March, and in 1779-1780, was frozen across at the same place for nearly three months. Messrs. Mason and Dixon, while engaged in making astronomical observations about thirty miles west of Philadelphia, in 1767, saw the mercury in the open air fall to 22 deg. below zero. In the winter of 1783-1784, the snow lay, in the south-east part of Pennsylvania, from two to three feet deep during most of the season; and the rivers, which were frozen in December, continued bound, except a short interval in January, until the middle of March.

If with these facts, and many similar ones which might be adduced, are compared the records of modern winters in the same latitude, the change which has taken place in the severity of this season will at once be obvious. Nor is this amelioration at all more remarkable in the region described by Dr. S., than in that which is found two or three degrees farther north. So far as we have documents to judge from, our own climate has been undergoing a

similar alteration, to a nearly or quite equal extent. Men of scarcely more than middle age recollect the period when the sleighing continued good in the neighborhood of this city for three months in the year; while storms which covered the earth with snow to the depth of three or four feet, were affairs of frequent occurrence. Analogous facts are on record with regard to many of the countries of the old world. In our own country at least, we find a plausible explanation of these changes, in the destruction of her forests, and the increased cultivation of her soil. The uniformity of the atmospheric currents has been lessened by varying the character of the surface over which they blow; and the keenness which they formerly derived from passing over tracts of woodland, covered with almost eternal snow, is no longer to be felt. Still, as our author remarks, a continuance of these north-western breezes sometimes produces a temperature worthy of the days of our ancestors; and we are yet to wait for great improvements in our neighbors of the hyperborean regions, before the airy messengers they send us will, instead of bearing the snow and hail on their pinions, ripen our grapes and our olives, and breathe on us a perennial spring.

SARGOCELE.

An interesting case of this disease is related in the London Med. and Phys. Journal for October. The patient was twenty-six years of age, had previously enjoyed good health, and had not been affected with go-

norrhœa for many years. Without any assignable cause, a swelling manifested itself in one of the testicles. This continued to increase, notwithstanding the employment of the usual remedies, until at length its extirpation was found necessary, and was performed. From this time the patient enjoyed good health for four months. At the end of this period, he felt some uneasiness in the remaining testicle. On examination, the organ was found enlarged, hard, and tender to the touch. Various local applications and general treatment were employed, but with little effect. The disease proceeded until the testicle attained four times its natural size, with an aggravation of all the other symptoms. At this period Mr. Guthrie was consulted, and recommended, in addition to the treatment already employed, the use of a large-sized metallic bougie, to be passed three times a day, and kept in the urethra for several minutes. This produced at first considerable irritation, and even hemorrhage. In the course of a fortnight, however, both the size and the tenderness of the testicle diminished. After three months use of the bougie, every symptom of disease subsided, and the patient could take active exercise without the least uneasiness.

The theory on which this mode of practice has been proposed in this disease, and which is maintained by the author of the article referred to, is that of its removing a morbid irritability of the urethra, usually connected with the complaint. Nothing is said, however, to show that such a state of the passage existed in the

case referred to; and we are inclined to think that this is not generally or even frequently the proximate cause. Where orchitis occurs as a sequel of gonorrhœa, it is not too much to presume a transfer of inflammation from the urethra to the testicle; and undoubtedly one of the remedies indicated under these circumstances, is the irritation of the urinary passage with a bougie. The primary effect of this measure, however, is not to diminish the sensibility of the urethra, but to increase it; as is evident from the strangury which ensues upon its use. On the whole, therefore, we should be more disposed to attribute the cure obtained in this and similar cases, to a temporary transfer of the disease, somewhat analogous to what takes place under the use of vesication in common inflammation. It seems not very improbable, that in cases which yield to the use of the bougie, as above described, the local stimulus derived from copaiba or cantharides taken internally, might be of equal advantage.

NITRATE OF SILVER IN UTERINE DISEASE.

A MR. JEWELL, of London, has lately published some cases of the successful use of lunar caustic in vaginal discharges proceeding from a diseased state of the cervix uteri. He thinks this a more frequent cause of the morbid discharge generally recognized as leucorrhœa, than has been commonly supposed. Admitting this observation to be correct, we should hardly expect the treat-

ment suggested to be useful in any considerable proportion of the cases of leucorrhœa met with in practice. That this disease sometimes proceeds from active inflammation in the cervix uteri, there is no doubt; but the symptoms in such cases would certainly be so far peculiar, as to induce a practitioner of ordinary prudence to examine and ascertain the fact. He who should infer the existence

of such inflammation from the discharge itself, and on this ground employ local stimulants to subdue it, would in many cases aggravate, instead of relieving the disease, and would soon make shipwreck of his own reputation.—So far as Mr. J.'s remarks go to show the necessity of careful examination in suspected cases, we deem them highly valuable and important.

BOSTON, TUESDAY, DECEMBER 8, 1829.

LOCAL APPLICATION OF NITRATE OF SILVER.

MR. HIGGINBOTTOM, of Nottingham, whose name will ever be associated with lunar caustic, has published another edition of his work on the curative powers of this remedy. Even abating much for the zeal of a man engaged on a favorite topic, the incontrovertible practical evidence of the influence of the Nitrate of Silver in restraining inflammatory action, adduced in this volume, is exceedingly valuable, and places the remedy in a much higher place than it has hitherto held in our *materia medica*.

Proofs very satisfactory are brought by Mr. Higginbottom, of its use in phlegmonous and erysipelatous inflammation, in bruised wounds, ulcers, and in burns and scalds. His mode of applying it is generally, first to wash the part clean with soap and water, and wipe it dry. The diseased surface, and from half to a whole inch of the surrounding healthy skin, is then to be moistened, and a stick of the caustic drawn over it once twice, or oftener, according to

the object to be effected. If the disease be superficial, and only a blackening of the surface is desired, once will be sufficient; if vesication is to be produced, the operation should be repeated several times; and if an eschar, a still longer application will be necessary. It is a point of the greatest importance, to carry the effects of the caustic beyond the diseased surface. No dressing is found necessary, the deadened cuticle being a sufficient protection to the part. Mr. H. is of opinion that by the free application of this remedy over a tumor in which suppuration has already taken place, a degree of absorption of the pus may be produced; and in bruised wounds and burns, he has uniformly succeeded in preventing, by this mode of treatment, the sloughing of the parts,—their integrity being preserved by the peculiar and specific tendency of this remedy to promote the *adhesive* process. Even wounds to be healed by the first intention will progress more certainly and rapidly, by blackening the surrounding

skin; and punctured wounds heal under the influence of this remedy, without suppuration.

In local *erythema*, we have found the free and early application of Nitrate of Silver, so as to blacken the skin, uniformly successful in arresting the progress of, and subduing the inflammation. In several species of *Herpes*, it has operated with great expedition, and to our entire satisfaction. A case of *Burn* is reported, as having been very successfully treated by this application so as to form an adherent eschar, at St. Bartholomew's Hospital; and in another case, of the *bite of a cat*, at the same Hospital, it was immediately curative, applied in the same way. A wound received in dissection is reported in a British Journal as having been entirely cured by the same process.—All these cases are entirely independent of the authority of Mr. Higginbottom. We might go on to adduce further evidence of the value of the researches of this gentleman, but enough we trust has already been said, to induce the profession to turn a greater degree of attention to this subject than it seems generally to receive.

ROBBERY OF A TOMB.

ANOTHER step has been taken toward that horrid catastrophe to which we are fast hastening. The great amount of human dissection constantly going on in this city and commonwealth, both by private anatomists and in our Schools of Medicine, creates every year an increasing demand for subjects. Heretofore, this demand has been met by bodies taken from

the grave, in the stillness of the night,—a fact most disgraceful to that public which has established schools of anatomy, and refused to provide the means of pursuing its study,—which requires of the Practitioner a minute knowledge of the structure of the body, and denies him the possible means of acquiring this knowledge in an open and honorable manner.

In urging the necessity of legislating on this subject, we have repeatedly said that as the demand for bodies increases and the price of them is enhanced, and the temptation offered to the resurrectionist to get them at all hazards magnified, he will become bolder and bolder in his vocation, and soon the poor man will be afraid to live in a retired alley, and the rich will fear to carry the comforts of life to the needy sick, lest darkness, and with it an untimely end, should await him. And well he may, for all this *has* happened, and the course of events here is in a train precisely similar to that which led to the recent scenes of horror at Edinburgh.

One step more has now been taken toward this dreaded communication. The *Tomb*,—the cavern of stone closed by fast bolts of iron,—has been entered in the night, and the corpse which had just been deposited, stolen from its supposed resting-place! The next step is *easier* than this! and unless some measures are speedily adopted to supply *proper* subjects for dissection, and of these there might be obtained a great abundance, no man will be safe, we do not say in his grave, but in his visits

to the sick poor, or in his own house, if it is far from that of his neighbor.

Cancer of the Uterus cured by Injections of Hydrocyanic Acid.—

A case of this nature was reported by Dr. Bruni to the Medico-Physical Society of Florence, at one of its sittings in March. The injections were made four times a day. The acid was prepared agreeably to the process of Scheele, and four denarii were mixed with four pints of barley water. Cicuta and aloes were administered internally. During the first few days, the injections caused sharp cutting pains of the severest kind; but the patient having passed by the vulva fragments of a membranous and fleshy substance, her pains became from that time less severe: she regained her strength and flesh to such a degree, that in six months there was not a vestige of disease of the uterus. The menses returned at regular intervals.—*Med. & Phys. J.*

Remarkable Case of Cataract.—

A Swedish Journal (*Arsberättelse om svenska lakare sällskapets arbeten*) contains the following fact, communicated by Dr. Wendelstrom:—

A robust peasant, æt. sixty, who had always had excellent sight, and who had only suffered from slight gouty attacks, being occupied in cutting wood in a forest, suddenly felt that his vision was obscure. In a few hours he was completely blind, and he was obliged to be led home. He complained of no pain, nor were there any appearances of external inflammation. When he was examined by Dr. W. a few days afterwards, it was found that both eyes were affected with cataract. The operation of extraction was afterwards performed.

Polydipsia cured by Camphor.—

Dr. Allert, of Bromberg, relates an instance of excessive thirst which occurred in a female. Notwithstanding the incredible quantity of cold water drank by the patient, the thirst was not in the least abated. Her tongue was red, and her feet began to exhibit appearances of œdema. The cause of the affection could not be determined. After the employment of many ineffectual remedies, the patient was finally speedily and fully cured by the exhibition of large doses of camphor.—*Journ. der Practischen Heilkunde.*

WEEKLY REPORT OF DEATHS IN BOSTON, ENDING NOVEMBER 26.

Date.	[Sex.]	[Age.]	Disease.	Date.	[Sex.]	[Age.]	Disease.
Nov. 20.	F.	9 mo	mortification	F.	4	croup	
	M.	15 yrs	bilious fever	F.	74	old age	
	M.	30	consumption	M.	3	croup	
	F.	2 mo	stoppage in the bowels	M.	6	scrofula	
21.	F.	46 yrs	lung fever	M.	4	lung fever	
	F.	12 mo	do.	24.	M.	15 mo	do.
	M.		drowned	M.	38 yrs	consumption	
	F.	5 d	convulsions	F.	43	do.	
	F.	6 yrs	inflammation on the lungs	M.	19	bleeding at the lungs	
	F.	86	old age	25.	F.	39	drowned
22.	F.	5 w	infantile	M.	21	consumption	
23.	F.	29 yrs	typhous fever	F.	40	do.	
	F.	46		M.	18 mo	inflammation on the lungs	
	M.	38	dropsy on the brain	26.	M.	2 yrs	cholera infantum
	F.	24	consumption	Males, 13—Females, 16.			Stillborn, 2.
							Total, 31.

ADVERTISEMENTS.

MEMORIA MEDICA.

THIS day published by CARTER & HENDEE, corner of Washington and School Streets, Memoria Medica,—a Medical Common-place Book,—with an alphabetical Index of the most common terms occurring in practice. Carefully selected and arranged by a Fellow of the Massachusetts Medical Society.

From Dr. James Jackson, Professor of the Theory and Practice of Medicine in Harvard University.

Gentlemen,—I have examined the "Memoria Medica" which you sent to me. I think the plan of it very excellent, and that it will be found highly useful to practitioners and students of medicine. I have never believed that a voluminous common-place book can be very beneficial to any man, unless he means to become an author. But on the other hand, every one will find an advantage in keeping a common-place book in which he may notice the detached facts which come under his notice, and which are likely soon to be lost from his memory. The book you have prepared will be found well adapted for this purpose by medical men, and will be more likely to be used by those who procure it than a common blank book, because all the labor of arrangement is saved.

I am, gentlemen, your obedient servant,
JAMES JACKSON.

From Dr. Walter Channing, Professor of Obstetrics and Medical Jurisprudence in Harvard University.

I have examined the Medical Common-place Book which was left with your note this evening, and with pleasure offer you my thanks for the publication of so useful a volume. Every practitioner of medicine will agree with the remarks in the preface on the inconveniences and absolute loss of what is very useful, which result from depending solely on the memory. Not unfrequently it happens that some particular prescription is peculiarly suited to an individual. Some time passes, and an occasion again arises in which we believe that the same medicine might be equally beneficial; what it was, however, has wholly escaped us; and though something else may be equally useful, still some regret may be felt, at least by the patient,

that what has been found beneficial cannot again be at once resorted to. Some object to an artificial method of preserving, for such and other uses, what may be safely trusted to the memory, if that faculty be faithfully cultivated. I am willing to admit that there is force in this objection; but it is a simple question of fact only we have to consider. If it be true that there is much lost to the individual, and certainly much more to the profession, by trusting entirely to the memory, the occasional use of the Common-place Book for the preservation of what is truly valuable, has all the recommendation it needs. For such purposes, viz., for the registering of cases the most rare, and the frequent, if important, epidemics, prescriptions, &c., your *Memoria Medica* promises to be very useful; and for these it well deserves to be recommended to physicians. Students attending hospital practice will find it very valuable. Its tables of names are very full, and under references very easy. I cannot but hope it will get into general use.

Yours, &c., W. CHANNING.
Dec. 6.

NEW BOOKS.

CARTER & HENDEE have just published and for sale—

A Manual of Materia Medica, and Pharmacy, comprising a concise description of the articles used in medicine; their physical and chemical properties, &c. &c. By H. M. Edwards, M.D. and P. Vasseur, M.D. Translated from the French, with additions, &c. by Joseph Tongo and E. Durand.

Examinations in Anatomy, Physiology, Practice of Physic, Surgery, Chemistry, Materia Medica and Pharmacy, for the use of students. By Robert Hooper, M.D. from the last London edition, with upwards of one hundred additional questions, and an entire new chapter on Poisons.

The American Journal of the Medical Sciences, No. 11, for November, 1829.
Nov. 24.

A TREATISE on the Scrofulous Disease, by C.G. HUFELAND, Physician to the King of Prussia, &c., translated from the French of M. Bousquet, by Charles D. Meigs, M.D., is just received and for sale by CARTER & HENDEE.
Sept. 8.

Published weekly, by JOHN COTTON, at 184, Washington St. corner of Franklin St., to whom all communications must be addressed, *postpaid*.—Price three dollars per annum, if paid in advance, three dollars and a half if not paid within three months, and four dollars if not paid within the year. The postage for this is the same as for other newspapers.